

**Statement Of Independent Representation**  
**In a Limited Managed Audit Pursuant To ARS §43-1075, §43-1163**  
ARIZONA DEPARTMENT OF REVENUE

**1. REPRESENTATIVE INFORMATION**

NAME(S)

PRESENT ADDRESS - NUMBER AND STREET, RURAL ROUTE, APARTMENT/SUITE NO.

CITY, TOWN OR POST OFFICE

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER (with area code)

ARIZONA CERTIFIED PUBLIC ACCOUNTANT NUMBER

**2. REPRESENTED TAXPAYER INFORMATION**

NAME OF MOTION PICTURE PRODUCTION COMPANY

PRESENT ADDRESS - NUMBER AND STREET, RURAL ROUTE, APARTMENT/SUITE NO.

CITY, TOWN OR POST OFFICE

STATE

ZIP CODE

**3. MOTION PICTURE PRODUCTION**

NAME, PRE-/POST-APPROVAL NUMBER

**4. DECLARATION OF REPRESENTATIVE**

I HEREBY AFFIRM THAT I, AND THE FIRM I AM AFFILIATED WITH, DO NOT REGULARLY PERFORM SERVICES FOR THE ABOVE NAMED TAXPAYER OR ITS AFFILIATES.

SIGNATURE

DATE

If you have any questions, please call (602) 716-6361.

Fax statement to:  
Arizona Department of Revenue  
East Valley Office  
(480) 507-1280

East Valley Office • 3191 W. Washington, Ste 1 • Chandler 85225